

Record format for OIC Healthcare Provider DB.

	Fields		Provider Type		Field		Description/Valid codes/ standard
	No	Name	1	2 ~ 9	Type	Width	
Control Info.	1	RecordControl	x	x	Text	1	A one code character that defines the reason for the data submittal: ❖ 'A' : Add a new record.
	2 ⁱ	ProviderID			Num.	10	Uniquely identifies a provider, up to 10 digit number.
IDs	3 ⁱ	BusinessID			Num.	10	Uniquely identifies a business, up to 10 digit number.
	4 ⁱ	PlanID			Num.	10	Uniquely identifies a plan, up to 10 digit number.
	5	ContractNo	x	x	Text	90	Plan contract number.
	6	Plan	x	x	Text	90	Name of the plan.
	7	HealthCarrier	x	x	Text	60	Name of carrier.
	8	CIC	x	x	Text	12	CIC code assigned to the carrier.
	9	NAIC	x	x	Text	5	NAIC code assigned to the carrier.
	10 ⁱⁱ	NCI	x	x	Text	25	NCI code assigned to the carrier.
	11	CaEMail	x	x	Text	60	Response back E-mail address of carrier – must be the address of the person who is responsible for submitting HCP DB data to OIC.
	12 ⁱⁱ	NPI	x	a	Text	10	National provider id assigned to the provider.
Carrier Information	13	LicenseP	x	a	Text	10	Primary license number. If the provider has a WA license, the license must be used in this field.
	14	LicenseStateP	x	a	Text	2	State who licensed the primary license to the provider. (Standard 2 letter abbreviation)
	15	LicenseS	x	a	Text	10	Secondary license number.
	16	LicenseStateS	x	a	Text	2	State who licensed the secondary license to the provider. (Standard 2 letter abbreviation)
	17	ProfDegree	x	a	Text	10	Professional degree, (e.g., MD, etc.)
	18	LastName	x	a	Text	25	
	19	Firstname	x	a	Text	25	
	*20	MiddleName	a	a	Text	25	Middle name if available
	21	Birthdate	x	a	Date ⁱⁱⁱ	10	In format of mm/dd/yyyy.
	*22	Language	a	a	Text	50	Language other than English that a provider speaks. Concatenate multiple language codes with “;” to separate codes.
Provider Information	23	PrModDate ^{iv}	x	a	Date ⁱⁱⁱ	10	Last modified date of Provider Information in carrier's system.
	24	SpecialtyPrim	x	a	Text	25	Word or phrase describing this practitioner's primary specialty.
	25	SpecialtySeco	x	a	Text	25	Word or phrase describing a practitioner's second specialty.
	26	POC	x	a	Text	1	Provides obstetric care Y = Yes, N = No. The value must be either Y or N.
	27	PracType	x	a	Text	1	Practice type : P = PCP, S = Specialist, B = Both.
	28	DateLastCredentialed	x	a	Date ⁱⁱⁱ	10	In format of mm/dd/yyyy.
	*29	AcceptNewPatient	x	a	Text	1	Accept new patients Y = Yes, N = No. E =Established patients only (otherwise closed).
Provider contract							

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	Fields		Provider Type		Field		Description/Valid codes/ standard
	No	Name	1	2 ~ 9	Type	Width	
Business Information	30	ProviderType	x	x	Text	1	1=Practitioner, 2=Hospital, 3=Pharmacy, 4=Clinic, 9=Other.
	31 ⁱⁱ	BNPI	x	x	Text	10	The national provider identification number given to the clinic, office, hospital or pharmacy.
	32	Business	x	x	Text	65	Name of the Hospital, Pharmacy, or Clinic as it appears on the building.
	33	Address1	x	x	Text	36	Street address of the building.
	34	Address2	x	x	Text	36	If Address1 is not enough to write the address, use this field.
	35	City	x	x	Text	25	City
	36	State	x	x	Text	2	State
	37	Zip	x	x	Text	10	Zip code in Zip + 4 format. (00000 or 00000-0000)
	38	County	x	x	Text	25	Fully spelled out county name.
	39	DayPhone	x	x	Text	23	(000) 000-0000 ext. 00000 (Telephone extensions are optional).
	40	Fax	x	x	Text	23	(000) 000-0000, if no fax number is available this field can be blank.
	41	BusModDate ^{iv}	x	x	Date ⁱⁱⁱ	10	Last modified date of Business Information in carrier's system.

- x = Required Field
 a = Required if applicable
 Blank = Do not include.
 * = New Change effective 2/8/99

ⁱ Do not include any data for these fields.

ⁱⁱ Include when these fields are available in the future.

ⁱⁱⁱ All date must be in the form of mm/dd/yyyy

^{iv} The modification date means the date of the last time the information in the section was modified in the carrier's system. It is not the date when HCP DB data file was generated or submitted. The modification date value must be in between 01/01/1970 ~ 12/31/2032. If there is no modification date to fill in, enter 01/01/1970.